

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	Ricky James Hamby	COURT CASE NUMBER	Civ. No. 05-626-JJF
DEFENDANT	Doctor Ali	TYPE OF PROCESS	O/c
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	6861 N. Oracle Road Tucson AZ. 85704		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
Ricky James Hamby SBI #191377 Howard R. Young Corr: Inst. P.O. Box 9561 Wilmington Delaware 19809		Number of process to be served with this Form - 285	1
		Number of parties to be served in this case	1 OF 7
		Check for service on U.S.A.	✓

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Forma Pauperis



Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Ricky James Hamby

3-14-06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 8	Signature of Authorized USMS Deputy or Clerk SIDSON	Date 4-14-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
Time
am
pm

Signature of U.S. Marshal or Deputy

John Locke

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: DOCTOR ALI IS IN DELAWARE AND FIRST CORRECTIONAL MEDICAL IS NOT LISTED AS A DEFENDANT RETURNED UNEXECUTED
John Locke
4-17-06